



# CITY OF EVANSVILLE Youth Baseball Registration

CITY OF EVANSVILLE PARK & RECREATION DEPARTMENT  
31 S. Madison St, PO Box 529, Evansville, WI 53536

**Deadline – Please return by Friday, April 28<sup>th</sup> 2023**

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s):	Emergency Contact Information (if different):
	Emergency Contact Name:
Primary Address:	Phone Number(s):
	Relationship:
Phone Number(s):	Email:

## ARE YOU WILLING TO HELP COACH YOUR CHILD'S TEAM?

YES, I would love to help Co-Coach		No, I cannot commit at this time
Name of Coach:	Phone Number(s):	
League to Coach:	Email:	
Shirt Size: S    M    L    XL    2XL    3XL	<b>**Volunteer's must complete required background check on reverse side of this form.</b>	

PLAYER #1 INFORMATION		PLAYER #2 INFORMATION		PLAYER #3 INFORMATION	
Name (Child #1):		Name (Child #2):		Name (Child #3):	
Age (Child #1):		Age (Child #2):		Age (Child #3):	
League Preference:		League Preference:		League Preference:	
T-Ball	American	T-Ball	American	T-Ball	American
Resident \$20.00	Resident \$30.00	Resident \$20.00	Resident \$30.00	Resident \$20.00	Resident \$30.00
Nonresident \$25.00	Nonresident \$35.00	Nonresident \$25.00	Nonresident \$35.00	Nonresident \$25.00	Nonresident \$35.00
<b>*Nonresident refers to anyone living outside city limits, regardless of school district</b>					
T-Shirt Size:		T-Shirt Size:		T-Shirt Size:	
YS    YM    YL    YXL		YS    YM    YL    YXL		YS    YM    YL    YXL	

*If your child is more or less experienced, you may register him or her for the league you feel appropriate. Player's age shall be indicated on this form as of June 1<sup>st</sup> this year. Children under the age of 4 will not be permitted to play.*

## INDEMNIFICATION / HOLD HARMLESS CERTIFICATION & MEDIA RELEASE AGREEMENT

I/we the parent(s) or guardian(s) of \_\_\_\_\_ shall indemnify and hold harmless the City of Evansville against all claims, actions, proceedings, damages and liabilities, including reasonable attorney's fees, arising from or connected with my/our child's participation in the baseball program, including, but not limited to, any acts or omissions of the City of Evansville and its employees, agents, representatives and any other person doing business with the City of Evansville. I/we further give permission for City of Evansville and any and all employees and/or agents of City of Evansville, the right and permission to use and/or publish photographs of my child for promotional purposes including but not limited to, advertising, publicity, commercial or display of use. Also authorize my child's photos to be printed in news outlets, social media, such as Facebook, and the office's website page.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF EVANSVILLE**  
**Youth Baseball League**  
CITY OF EVANSVILLE PARK & RECREATION DEPARTMENT  
31 S. Madison St, PO Box 529, Evansville, WI 53536

## ***Volunteer Application and Authorization to Conduct Background Check***

***Please print legibly. All information is required.***

### **APPLICANTS INFORMATION**

<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Email Address:</b>
<b>Date of Birth:</b>	<b>Social Security Number:</b>

### **CRIMINAL HISTORY**

**Have you ever been convicted of any crimes?                      Yes                      No**

If yes, please describe each conviction, in full:

**Have you ever been refused participation in any other youth program?                      Yes                      No**

If yes, please explain:

**As a condition of volunteering and/or working for the City of Evansville Youth Baseball League  
(The City), I hereby consent and agree as follows:**

1. **Verification.** All the information provided above is true and correct.
2. **Background Check.** I understand The City conducts criminal background checks on all persons who volunteer and who have contact with The City youth participants on a regular basis. I am providing the above information to The City with the understanding that The City will use the information to conduct a criminal background check on me in each and every calendar year that I serve as a volunteer for The City. I consent to The City's use of the above information for that purpose. I agree to update the above information whenever requested by The City. I understand The City's background check will include a review of sex offender registries, child abuse, and criminal history records. I understand and agree that if The City receives any inappropriate information as a result of checking my background, The City will not place me in a volunteer position
3. **Conditions of Volunteering.** I understand and agree that The City is not obligated to appoint me to a volunteer position, regardless of the results of my background check and any previous volunteer positions I may have held with The City. I understand and agree that if The City does appoint me to a volunteer position, I will always be subject to suspension by the Administrator and removed for violation of The City policies and principles and upon The City's receipt of any inappropriate information on my background.
4. **Storage and Future Use of Information.** I understand and agree that The City will keep the above information confidential from all person except the Administrator and The City's Designated Background Check Coordinator. I understand and agree that The City will maintain the information for so long as I remain appointed to any volunteer position for The City. I understand and agree that The City will destroy this application in the event that I am not appointed to a volunteer position with The City for 12 months or more.
5. **Discrimination.** I understand that The City and its affiliated entities will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.
6. **Release and Hold Harmless.** I hereby release and agree to hold harmless from liability The City, all its affiliated baseball entities, the officers, employees, and volunteers thereof, and any other person or organization that may provide any information in connection with my background check.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_